



Enrollment information: Please complete all sections. Enter Spouse and Child details only for dependents who are to be covered under this plan, if any. Call us with questions at (800) 937-1387.

1. Applicant Information

Last/Surname: _____ First/Given Name: _____ Middle: _____

Home Address: _____

Home City: _____ Home State/Province: _____ Home Postal Code: _____ Home Country: _____

Phone: _____ E-Mail Address: _____ Passport Number: _____

Destination(s): _____

OPTIONAL: U.S. Mailing Address

U.S. Mailing Address: _____ City: _____ State: _____ ZIP Code: _____

Requested Effective Date: ____/____/____ Requested End Date: ____/____/____

Policy: New Policy Inbound Plan A (\$500,000) Inbound Plan B (\$1,000,000)
 Renewal Outbound Plan A (\$500,000) Outbound Plan B (\$1,000,000)

Deductible: \$50 \$250 \$500 \$1,000

Optional Buy-Up Selections: Enhanced AD&D: \$225,000 Other: _____

2. Insurance Beneficiary Information

Beneficiary Name: _____ Beneficiary Relationship: _____

Beneficiary Address: _____

3. Participant Information

Name (First and Last)	Date of Birth (MM/DD/YYYY)	Gender	Daily Rate Premium
Enrollee	____/____/____		
Spouse	____/____/____		
Child	____/____/____		
Child (If more children, attach additional sheets.)	____/____/____		

4. Rate Information

		Daily Rate Total:	
A. Base Premium		B. Buy Up Selections	
Total Daily Premium:	_____	Column A Subtotal:	_____
Total Number of Days:	X _____	Additional Buy-Up Selections:	
Column A Subtotal:	_____	Enhanced AD&D:	_____
		Other:	_____
		Other:	_____
		Other:	_____
		Administration Fee:	+ \$5.00 _____
		Total Plan Cost:	_____

5. Payment Information

Payment Method: Check/Money Order MasterCard Visa Discover

Credit Card No.: _____ Expiration Date: _____ CVV Code: _____

Name on Card: _____

Billing Address: _____

Billing City: _____ Billing State/Province: _____ Billing Postal Code: _____ Billing Country: _____

I have read and fully understand the exclusions lists of this policy. Check or money order must be made payable to Travel Insurance Services. All premium payments must be paid in U.S. Dollars at the time enrollment coverage is made. If paying by credit card, I authorize Travel Insurance Services to bill my Visa/Mastercard/Discover account for the total premium. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. I hereby subscribe to the WorldMed Insurance plan and enroll for coverage for which I am eligible under the policy issued by United States Fire Insurance Company.

Signature of Applicant: _____ Date: _____

Official Use Only:

Date Rec'd: _____ Source: _____ PC#: **133028**



WorldMed Insurance Daily Rates

WorldMed Inbound Plan A (\$500,000)

	\$50 Deductible	\$250 Deductible	\$500 Deductible	\$1,000 Deductible
Age	Daily Rate	Daily Rate	Daily Rate	Daily Rate
Child Only*	\$3.47	\$3.15	\$2.97	\$2.64
Dependent Child*	\$1.69	\$1.54	\$1.45	\$1.28
19-29	\$3.32	\$3.02	\$2.84	\$2.53
30-39	\$3.42	\$3.10	\$2.95	\$2.63
40-49	\$5.47	\$4.97	\$4.74	\$4.21
50-59	\$7.36	\$6.68	\$6.35	\$5.66
60-64	\$10.22	\$9.29	\$8.83	\$7.87
65-69	\$12.09	\$10.97	\$10.45	\$9.29
70-79**	\$20.47	\$18.59	\$17.69	\$15.73
80 and Above**	\$22.57	\$20.49	\$19.53	\$17.36

WorldMed Inbound Plan B (\$1,000,000)

	\$50 Deductible	\$250 Deductible	\$500 Deductible	\$1,000 Deductible
Age	Daily Rate	Daily Rate	Daily Rate	Daily Rate
Child Only	\$4.07	\$3.70	\$3.53	\$3.15
Dependent Child*	\$1.99	\$1.81	\$1.72	\$1.54
19-29	\$3.89	\$3.54	\$3.38	\$3.02
30-39	\$4.09	\$3.71	\$3.52	\$3.14
40-49	\$6.58	\$5.98	\$5.68	\$5.04
50-59	\$8.80	\$7.99	\$7.59	\$6.75
60-64	\$11.66	\$10.59	\$10.08	\$8.95
65-69	\$13.76	\$12.49	\$11.87	\$10.55
70-79*	N/A	N/A	N/A	N/A
80 and Above*	N/A	N/A	N/A	N/A

WorldMed Outbound Plan A (\$500,000)

	\$50 Deductible	\$250 Deductible	\$500 Deductible	\$1,000 Deductible
Age	Daily Rate	Daily Rate	Daily Rate	Daily Rate
Dependent Child*	\$1.49	\$1.34	\$1.27	\$1.10
19-29	\$1.60	\$1.45	\$1.38	\$1.22
30-39	\$2.05	\$1.86	\$1.76	\$1.57
40-49	\$2.70	\$2.45	\$2.33	\$2.05
50-59	\$4.53	\$4.11	\$3.91	\$3.46
60-64	\$6.22	\$5.65	\$5.39	\$4.78
65-69	\$6.88	\$6.25	\$5.96	\$5.30
70-79**	\$9.35	\$8.50	\$8.09	\$7.19
80 and Above**	\$15.36	\$13.95	\$13.29	\$11.80

WorldMed Outbound Plan B (\$1,000,000)

	\$50 Deductible	\$250 Deductible	\$500 Deductible	\$1,000 Deductible
Age	Daily Rate	Daily Rate	Daily Rate	Daily Rate
Dependent Child*	\$1.75	\$1.58	\$1.51	\$1.34
19-29	\$1.91	\$1.73	\$1.66	\$1.48
30-39	\$2.43	\$2.20	\$2.11	\$1.86
40-49	\$3.23	\$2.94	\$2.79	\$2.48
50-59	\$5.40	\$4.90	\$4.67	\$4.15
60-64	\$7.14	\$6.48	\$6.17	\$5.48
65-69	\$7.83	\$7.12	\$6.77	\$6.02
70-79**	N/A	N/A	N/A	N/A
80 and Above**	N/A	N/A	N/A	N/A

*A Child or Dependent Child is an unmarried child at least 14 days old, and under 18 years old.

**Plan B is only available for ages 0-69. The Medical Expense Benefit Limit for those 70 and above is as follows: 70-74: \$100,000; 75-79: \$50,000; 80 and above: \$20,000.

Mail or Fax Completed Application and Payment To:

USI Affinity Travel Insurance Services
3070 Riverside Drive
Columbus, OH 43221
Email: worldmed@travelinsure.com
Fax: (610) 537-9831

Sports and Hazardous Activity Coverage

The Athletic Sports & Hazardous Activity Benefit provides coverage if Your Injury or Illness results from the following Athletic Sports & Hazardous activities: Bobsledding, Bungee Jumping, Canopying, Hang Gliding, Heli-skiing, Horseback Riding, Jet-, Snow-, and Water Skiing, Kayaking, Martial Arts, Motorcycling & Motor Scooter, Mountain Biking, Mountain Climbing (under 14,000 feet), Paragliding, Parasailing, Piloting any Non-commercial Aircraft, Safari, Scuba Diving, Skydiving, Snowboarding, Snowmobiling, Spelunking, Surfing, Trekking, Whitewater Rafting (up to and including Class V Rapid only), Wind Surfing, and Zip Lining. An Enhanced Athletic Sports & Hazardous Activity Rider is available for purchase. Call 1 (800) 937-1387 for additional information and cost.

Enhanced Accidental Death and Dismemberment Coverage

Your WorldMed coverage includes \$25,000 of Accidental Death and Dismemberment Coverage. For \$18.00 per person, per month, you can add an additional \$225,000 of coverage. For more coverage options, please call us at (800) 937-1387.

Enhanced Coverages: Home Country Coverage and War Risk:

Your WorldMed coverage can also include the following, for a nominal fee:

- Home Country Coverage:** The Home Country Coverage Rider provides limited coverage under your Medical Expense Benefit while in your Home Country. The plan pays 90% up to \$10,000 of Covered Expenses, then 100% to a maximum of \$25,000 for Incidental Trip(s) to your Home Country.

- War Risk:** the War Risk Rider provides coverage of the insured person's loss caused in whole or in part by, or resulting in whole or in part from an act of war, declared or not.

To learn more about these coverages or get rates, please call us at (800) 937-1387.

Cancellations and Refunds

Cancellations and Refunds of an insurance policy will only be considered when written request is received prior to the Effective Date. After the Effective Date, the premium is considered fully earned and non-refundable. Partial refunds are not available. All refunds are subject to a \$25 processing fee. Please mail, fax, or email a refund request to Travel Insurance Services.

Extending, Renewing, or Changing Coverage

WorldMed Insurance is renewable. WorldMed is renewable for up to three years for persons up to age 69, two years for those ages 70 through 79, and one year for persons 80 and above. Any changes to the original policy, if necessary, should be made before the Effective Date. After the Effective date, no changes can be made.

Questions?

If you have any questions about this plan, call Travel Insurance Services at (800) 937-1387. Policy information is also available on our website at <http://www.travelinsure.com/wmed>